

Women's Health Update: Good Health is the Prescription for Career Success/Longevity

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BY JENNIFER L. ASHTON, M.D., OB-GYN

DESPITE WHAT YOU MAY THINK after reading the current news headlines or listening to the latest top story on the nightly news, we actually have a great deal for which to be thankful. No, this is not referring to our present political or economic circumstances. We're talking about medicine and health.

This millennium actually represents impressive and promising advances in science that have the potential for having a real impact on the individual woman. While at a quick glance, it may seem as if there is little new with regard to women's health today, there are, in fact, some new theories especially involving gynecology, about which you should be aware.

As most healthy women are normally seen regularly by only their gynecologists, these annual checkups need to encompass many issues. You may think that if you are healthy, these visits are limited to only a breast exam and a Pap smear. Think again. The theme of this era in medicine is prevention. As the patient, your goal is to avoid becoming sick; and for physicians, our goal is one and the

same for our patients. This means that certain conditions need to be in the forefront of your mind years before you would normally be confronted with them.

Examples of such entities include, but are not limited to: heart disease, osteoporosis, skin cancer, breast cancer, and depression. Since women are living longer, these are diseases that have a significant chance of affecting a large percentage of women.

Perhaps one of the most common women's screening tests is the Pap smear. As most women know, this is a screening test for cervical dysplasia, which is a precancerous abnormality in the cells of the cervix. The recommendations for frequency of Pap smear screening differ depending on age group and presence of other risk factors. For example, an adolescent should not have her first Pap smear until the age of 21, or three years after becoming sexually active, whichever comes first. For a monogamous woman over the age of 35, with a history of three consecutive normal Pap smears, screening may be performed every three years. Most of these guidelines take into account the patient's HPV (Human Papilloma Virus) status, which can be detected at the same time as a Pap smear.

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HPV is a sexually-transmitted infection that the majority of sexually-active Americans have been exposed to at some time during their lives. Like many viruses, it is usually transient, and our bodies are able to “clear” it from the cells on the cervix. Some strains of HPV have been definitively linked to causing cervical cancer, and these are referred to as “High-Risk” HPV subtypes.

Today, gynecologists are able to test separately for HPV, although sometimes this happens automatically at the same time as the Pap smear is analyzed. If your Pap smear is normal, but high-risk HPV is detected, your doctor most likely will repeat your Pap smear more frequently than the usual time interval.

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Also, with the new FDA approval of the HPV vaccine, women 13-26 years of age have the opportunity to become vaccinated against these high-risk HPV types so that abnormal Pap smears can be minimized, and cervical cancer prevented.

Other than cervical health, there are a plethora of issues that women may choose to discuss with their gynecologists. These include breast disease, hormonal imbalances such as Polycystic Ovarian Syndrome, osteoporosis, preconception counseling, female sexual dysfunction, hormone replacement therapy, and uterine and ovarian cancer surveillance. While an entire book could be devoted to these topics, perhaps the issue that raises the most questions today for the largest number of women revolves around the hormone replacement controversy.

When the Women's Health Initiative (WHI) released its shocking recommendations in 2002 regarding the risks for women taking Hormone Replacement Therapy (HRT), the shot heard 'round the world took on a whole different meaning. Women immediately discontinued their hormones and many doctors fearfully stopped prescribing hormones. One thing didn't stop, though,

and that was the hot flash. Women were still suffering from what is known as vasomotor symptoms and suddenly had nothing to take for them. This warrants closer inspection.

First and foremost, *nothing* in medicine is without risk. Any medication, including good old aspirin and Tylenol, has risks. It is the responsibility of the physician, in conjunction with the patient, to analyze these risks, and weigh them against the benefits, options and alternatives. This must be done on an individual basis. What the WHI results indicated was that there were significant risks associated with a certain dosage and formulation of hormone replacement therapy, and this was observed in a very certain patient population (which included women aged 60-77, many of whom were already at risk for stroke and clotting disorders beforehand).

It is well-accepted today that primary prevention of heart disease or osteoporosis is not an indication for HRT, however, having symptomatic and debilitating hot flashes is. Furthermore, women should be aware that the risks of stroke or of a cardiac event may exist even with lower doses of hormones, but this data is unknown presently. Additionally, women should be very cautious about taking 'natural' or bio-identical hormones, thinking that these are natural and therefore safer. Remember, death is natural. These bio-identicals can have potent hormonal effects and therefore, can produce the same (or worse) risk profile. Talk to your doctor if you are considering taking these or other herbal substances, so that he/she may advise you of options for treatment and follow-up.

Lastly, remember that despite our excellent scientists and medical advances, much continues to be studied and learned about our bodies and our hormones. In medicine, things are not usually black or white, but shades of grey. Both doctors and patients continue to strive toward the same goal: good health. Ideally, this is achieved by the sum total of our medical histories and occurs over a lifetime, not simply by an isolated event or treatment. Educate yourself, exercise your mind and body and forge a relationship with the best physician you can find. Hopefully, the team of you and your doctor will be together for many years to come. ■

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